MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09824

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock - Rural
LENGTH OF STAY (In this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Elwood

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock - Rural
STREET ADDRESS (If rural, give location): Near Elwood

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wesley (Last) Adams

4. DATE OF DEATH: (Month) October (Day) 14 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 25, 1889

9. AGE Last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John W. Adams

14. MOTHER'S MAIDEN NAME: Ellen Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 218-14-4340

17. INFORMANT AND ADDRESS: Addie M. Adams, Hurlock, Maryland, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Parenchymatous Nephritis	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	2 years
	(c)	

422.2
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1951, to Oct. 14, 1951, that I last saw the deceased alive on Oct. 14, 1951, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Maynard T. Webb M.D. — ADDRESS: Easton, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 18, 1951 | NAME OF CEMETERY OR CREMATORY: Johns Cemetery | LOCATION (City, town, or county) (State): Near Preston, Maryland

DATE RECD BY LOCAL REG.: Oct 18-1951 | REGISTRAR'S SIGNATURE: Chas W Hastings

24. FUNERAL DIRECTOR ADDRESS: J.J. Frampton and Son, Federalsburg, Md.

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NOV. 1 1952
BUREAU V. S.

09825

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reids Grove
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS No number

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reids Grove
STREET ADDRESS (If rural, give location) No Street number

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Erving (Last) Bell

4. DATE OF DEATH (Month) Oct. (Day) 27th (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH March 5th 1880
9. AGE last birthday 71 yrs. If under 1 year Months — Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming
11. BIRTHPLACE (State or foreign country) Dorchester Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin E. Bell
14. MOTHER'S MAIDEN NAME Sarah Elizabeth Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. x218-30-1126
17. INFORMANT AND ADDRESS Mrs Lena E. Bell, Reids Grove, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Infarct	5 min.
420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	?
94a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS not PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) — (Day) (Year) (Hour) 4:15 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Eldridge H. Wolff M.D. (Degree or title) Assist. Deputy Medical Examiner ADDRESS Cambridge, Maryland DATE SIGNED 10-27-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 30, 1951
NAME OF CEMETERY OR CREMATORY Brookview Cemetery
LOCATION (City, town, or county) (State) Brookview, Maryland

DATE REC'D BY LOCAL REG. 10-30
REGISTRAR'S SIGNATURE Chas W Hastings
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md ADDRESS

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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NOV 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09826

Reg. Dist. No. 111

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Clarence (Last) Bradley

4. DATE OF DEATH (Month) Oct. (Day) 20 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 8/1/1884

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterboard Chief

10b. KIND OF BUSINESS OR INDUSTRY Bakery

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? Mary

13. FATHER'S NAME John Bradley

14. MOTHER'S MAIDEN NAME Elizabeth Hurlock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS William C. Bradley Jr. (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	30 Min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
94a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Moore Jr. Deputy Medical Examiner (Degree or title) M.D. ADDRESS Cambridge, Maryland. DATE SIGNED 10/22/51

23. ~~BURIAL, CREMATION REMOVAL (Specify)~~ DATE THEREOF Oct 24 1951 NAME OF CEMETERY OR CREMATORY East New Market LOCATION (City, town, or county) (State) same

DATE REC'D BY LOCAL REG. 10/22/51 REGISTRAR'S SIGNATURE Elizabeth Smith

24. FUNERAL DIRECTOR F. B. Willoughby ADDRESS

970 416

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 13 1951
BUREAU V. S.

M

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09827

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Cambridge — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dorchester Co. — LENGTH OF STAY (in this place): Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 51 Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 51 Washington Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ALEXANDER / BURRELL
4. DATE OF DEATH (Month) (Day) (Year): Oct 24 1951
5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 1893
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Unknown — Phillips Pkg. Co.
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Emma Burrell, 51 Washington Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 9 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1951, to 10-24, 1951, that I last saw the deceased alive on 10-23 1951, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): MD — ADDRESS: Essex Cedar St — DATE SIGNED: 10-26-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-28-51 — NAME OF CEMETERY OR CREMATORY: Waugh Cemetery — LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG.: October 29, 1951 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D. — 24. FUNERAL DIRECTOR: Lewis T. Bosneum, Cambridge, Maryland — ADDRESS: 140 408

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OCT 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09830

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester Co Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Md
LENGTH OF STAY (In this place) 17 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Md.
STREET ADDRESS (If rural, give location) 317 Clinton St

3. NAME OF DECEASED (Type or Print) (First) Thaddus (Middle) ~~Wilson~~ (Last) Chester

4. DATE OF DEATH (Month) Oct (Day) 12 (Year) 1951

5. SEX Mal
6. COLOR OR RACE Colard
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH July 25 1951
9. AGE last birthday 20 yrs. If under 1 year Months 2 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Cambridge Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Pearl Chester
14. MOTHER'S MAIDEN NAME Clara Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Clara Kane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Marasmus	4 wks.
571.0	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) infectious diarrhea	4 wks.
119.0		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1951, to Oct 12, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE Lawrence Manzanez (Degree or title) M.D. ADDRESS 136 Race St Cambridge Md DATE SIGNED 10/12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 13, 1951
NAME OF CEMETERY OR CREMATORY Silent City
LOCATION (City, town, or county) Cambridge Md (State)

DATE REC'D BY LOCAL REG. Oct. 15, 1951
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR L. H. Bayneum ADDRESS Cambridge Md

40 720 1429 564

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

69828

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hooper Island; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hom

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hooperville; STREET ADDRESS (If rural give location) Home

3. NAME OF DECEASED (Type or Print): (First) Asbury (Middle) Wesley (Last) Dorsey Twin 2

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 19 5(

5. SEX: Male

6. COLOR OR RACE: Colrd

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 21-1951

9. AGE last birthday: — yrs. If under 1 year: Months — Days 28 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Hooperville Md

12. CITIZEN OF WHAT COUNTRY? Caucasian

13. FATHER'S NAME: Harmon Shockley Dorsey

14. MOTHER'S MAIDEN NAME: Hattie Carrie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY No. No

17. INFORMANT: Hattie Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity Diarrhea & Enteritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Birth (8 mos)

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) — (b) 1 mo 2 days (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION: No

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): No m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? No

22. I hereby certify that I attended the deceased from Aug 21, 1951, to Oct. 19, 1951, that I last saw the deceased alive on Oct. 19, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE: James W. Meade (Degree or title) M.D. ADDRESS: Fishing Creek, Md DATE SIGNED: Oct. 19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 20/51

NAME OF CEMETERY OR CREMATORY: Harvey Cemetery

LOCATION (City, town, or county) (State): Hooperville, Md

DATE REC'D BY LOCAL REG. Oct. 19/51

REGISTRAR'S SIGNATURE: James W. Meade

24. FUNERAL DIRECTOR: Louis Bergmann

ADDRESS: Cambridge Md

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hooperville; LENGTH OF STAY (in this place) LIFE; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hooperville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hooperville; STREET ADDRESS (If rural give location) Home

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Lawrence (Last) Dorsey Twin 4

4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 21-1951

9. AGE last birthday: ____ yrs. If under 1 year: Months ____ Days 27; If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none (INFANT)

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Hooperville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harmon Shakley Dorsey

14. MOTHER'S MAIDEN NAME: Hattie Carrie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Hattie Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity - Diarrhea & Enteritis

774 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Birth (8 mos)

119a (c) ____

INTERVAL BETWEEN ONSET AND DEATH: 1 mos 27 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): no (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from Aug 21, 1951, to Oct. 18, 1951, that I last saw the deceased alive on Oct. 18, 1951, and that death occurred at 9 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James W. Meade M.D ADDRESS Fishing Creek, Md DATE SIGNED Oct. 19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF Oct. 20/51; NAME OF CEMETERY OR CREMATORY Haven Cem - Hooperville; LOCATION (City, town, or county) (State) Hooperville, Md

DATE REC'D BY LOCAL REG. Oct 19/51; REGISTRAR'S SIGNATURE James W. Meade

24. FUNERAL DIRECTOR Louis Baynum; ADDRESS Cambridge Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09831

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (In this place) one week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 19 Hughes Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ROBERT (Last) FLOYD
DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: Oct. 22, 1951
9. AGE last birthday: yrs. — If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Wm. Mansbery
14. MOTHER'S MAIDEN NAME: Estelle Floyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Estelle Floyd, Hughes St., Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock — Interval between onset and death: minutes

773.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

161.0 (b) Dehydration

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1951, to Oct. 30, 1951, that I last saw the deceased alive on Oct. 29, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: Lida O. Meredith — (Degree or title): Physician — ADDRESS: Cambridge, Maryland — DATE SIGNED: Oct. 30, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 11-1-1951
NAME OF CEMETERY OR CREMATORY: Church Cemetery
LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG.: Nov. 1, 1951
REGISTRAR'S SIGNATURE: Jesse Mace Jr., M.D.
24. FUNERAL DIRECTOR: Lewis N. Bayne
ADDRESS: Cambridge, Maryland

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NOV 5 1951
BUREAU V. S.

Item 9 Filmg136 10/25/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cambridge
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. Cambridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HARVEY (Middle) (Last) GREENWELL

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: 12/18/02

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Greenwell

14. MOTHER'S MAIDEN NAME: Mary Sedden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Paralysis of the Insane

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Syphilitic meningo encephalitis in acute exacerbation.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 19 51, to Oct. 18, 19 51, that I last saw the deceased alive on Oct. 18, 19 51, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Alfred S. Ledermann M.D. ADDRESS: U.S. State Hosp. Cambridge, Md. DATE SIGNED: 10/18-51.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Oct. 20, 1951 | REGISTRAR'S SIGNATURE: Andrew Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 22 1951.

U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] (rural) — LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna (rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #3	STREET ADDRESS RFD #3 (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) [illegible]	(Middle) [illegible]	(Last) [illegible]	4. DATE OF DEATH	(Month) OCT	(Day) 5	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH 1-5-1[illegible]	9. AGE last birthday 65 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Thomas J. Hughes	14. MOTHER'S MAIDEN NAME Alberive Burley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY No. [illegible]	17. INFORMANT AND ADDRESS Raymond Willey					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary artery thrombosis	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Macrocytic Anemia — 11 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1940, to 10/5, 1951, that I last saw the deceased alive on 10/5, 1951, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 10/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10-6-1951	NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park	LOCATION (City, town, or county) Cambridge, Md. (State)
DATE REC'D BY LOCAL REG. Oct. 5 1951	REGISTRAR'S SIGNATURE [signature] Mac. Jr. M.D.	24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland	ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [illegible]fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 9 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge, Md. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dor; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; STREET ADDRESS (If rural, give location) Cross Street

3. NAME OF DECEASED (Type or Print): (First) Patricia (Middle) Anne (Last) Jones

4. DATE OF DEATH: (Month) Oct (Day) 6 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 20 1951

9. AGE last birthday: yrs. If under 1 year: Months; Days 12; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cambridge, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Perry

14. MOTHER'S MAIDEN NAME: Della Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Della Jones, Cambridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Cambridge (COUNTY) Dorchester (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 1951, to Oct. 6, 1951, that I last saw the deceased alive on Oct. 5, 1951, and that death occurred at 8:55 A m., from the causes and on the date stated above.

SIGNATURE: Lila O. Meredith (Degree or title) Physician ADDRESS: Cambridge, Maryland DATE SIGNED: Oct. 8, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Oct 6 1951; NAME OF CEMETERY OR CREMATORY: Waugh Cemetery; LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG.: October 9, 1951; REGISTRAR'S SIGNATURE: Judson Mace, Jr., M.D.

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr. ADDRESS: Cambridge, Md.

OCT 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09835

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galestown
   LENGTH OF STAY (in this place): Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galestown
   STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Lankford

4. DATE OF DEATH: October 13, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 20, 1860

9. AGE last birthday: 91 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Boat Captain

10b. KIND OF BUSINESS OR INDUSTRY: Sailing Vessel

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No data available

14. MOTHER'S MAIDEN NAME: Lillian A. (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Scott E. Lankford, Seaford, Del., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Stomach — Interval Between Onset and Death: 10 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug', 1951, to Oct 13, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 8:20 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W S Kuhlman M. D. Sharptown, Maryland October 15,1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct. 16, 1951
NAME OF CEMETERY OR CREMATORY: East New Market Cemetery
LOCATION (City, town, or county) (State): East New Market, Maryland

DATE REC'D BY LOCAL REG.: Oct 16-1951
REGISTRAR'S SIGNATURE: Chas W Hastings

24. FUNERAL DIRECTOR ADDRESS: J.J.Framptom and Son, Federalsburg,Md.

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NOV 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington & Phillips Sts

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 430 High [illegible]

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) FLOYD LOCUST
4. DATE OF DEATH (Month) (Day) (Year) October 7, 19[illegible]

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH 6-2-1901
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Locust
14. MOTHER'S MAIDEN NAME Lavenia Rem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 10-10-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 10-11-51
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Oct. 11, 1951
REGISTRAR'S SIGNATURE [illegible] Mace, Jr., M.D.
24. FUNERAL DIRECTOR Lewis H. Bayneum, Cambridge, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible]land COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 323 West End Avenue	STREET ADDRESS 323 West [illegible] (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) [illegible]	(Middle) [illegible]	(Last) [illegible]	4. DATE OF DEATH	(Month) OCT	(Day) 19	(Year) 19 51
5. SEX [illegible]le	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]	8. DATE OF BIRTH 10-30-1876	9. AGE last birthday [illegible] yrs.	If under 1 year Months	Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible]	11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME [illegible]	14. MOTHER'S MAIDEN NAME [illegible]						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. [illegible]	17. INFORMANT AND ADDRESS [illegible]					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Dilatation	24 hrs.
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Valvular Heart Disease c̄ Decompensation	3 mos.
12 d	(c) Generalized Arteriosclerosis	4 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 1, 1951, to Oct 19, 1951, that I last saw the deceased alive on Oct 18, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gilbert E. Meekins M.D.		Cambridge Md	10-20-1951

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF [illegible]	NAME OF CEMETERY OR CREMATORY [illegible]	LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REG. Oct. 23, 1951	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 24
V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reids Grove
LENGTH OF STAY (in this place) 10 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reids Grove
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Rembrandt (Last) Reid

4. DATE OF DEATH (Month) 10 (Day) 22 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/14/81
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.C.

13. FATHER'S NAME S. Columbus Reid
14. MOTHER'S MAIDEN NAME Emma Sowetz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS [illegible] Reid (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 YEARS

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 SEPT, 1949, to 22 oct, 1951, that I last saw the deceased alive on 21 OCT, 1951, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE Walter E. Hunty Jr. (Degree or title) M.D. ADDRESS 105 Church St. Cambridge Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/26/51
NAME OF CEMETERY OR CREMATORY Reids Grove
LOCATION (City, town, or county) Reids Grove, Dor. (State) Md

DATE REC'D BY LOCAL REG. Oct 29-51
REGISTRAR'S SIGNATURE Elizabeth W. Craft
24. FUNERAL DIRECTOR Ruth S. Willoughby ADDRESS East New Market, Md.

Item 18 Film 3137 11-2-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
[illegible]	[illegible]	[illegible]	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
[illegible]	[illegible]	[illegible]	[illegible]	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	[illegible]	[illegible]	[illegible]

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
[illegible]	[illegible]	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Thrombosis	16 Hours
422.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombosis Left Femoral Artery	8 days.
422.1	(c) Myocardial Failure - Arteriosclerotic.	8 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Urethal Caruncle (11-2-51 ams) — 2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While at work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/18, 1951, to 10/24, 1951, that I last saw the deceased alive on 10/24, 1951, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Cambridge Md. DATE SIGNED 10/25/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
[illegible]	[illegible]	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 27, 1951	John Mace, Jr., M.D.	[illegible]	[illegible]

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

9940

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodesdale - Rural; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Finchville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodesdale - Rural; STREET ADDRESS (If rural give location) Near Finchville

3. NAME OF DECEASED (Type or Print): (First) Tichia (Middle) Collins (Last) Tilghman

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: About 1864

9. AGE (last birthday): About 87 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Collins

14. MOTHER'S MAIDEN NAME: Jane ———

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-12-1797

17. INFORMANT: Samuel Johnson, Rhodesdale, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Instant

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Revell Jr. (Degree or title) M.D., Dep. Med. Examiner ADDRESS Cambridge, Md. DATE SIGNED October 4, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 0 ct. 5, 1951

NAME OF CEMETERY OR CREMATORY Cokesbury Cemetery

LOCATION (City, town, or county) (State) Near Federalsburg, Md.

DATE REC'D BY LOCAL REG. October 5 1951

REGISTRAR'S SIGNATURE Chas W Hastings

24. FUNERAL DIRECTOR ADDRESS J.J.Framptom and Son, Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

09841

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toddville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS (none); MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toddville; STREET ADDRESS (If rural, give location) (none)

3. NAME OF DECEASED (Type or Print): (First) MARY; (Middle) C.; (Last) TODD

4. DATE OF DEATH: (Month) OCT; (Day) 20; (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-24-1865

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Caleb Jones

14. MOTHER'S MAIDEN NAME: Emily Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Roland Meredith, Toddville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	45 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis, Generalized	?
	(c)	

332 X
33 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS Not PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Eldridge H. Coffin (Degree or title) M.D. ADDRESS: Asst. Dept. Medical Examiner DATE SIGNED: 10-21-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 10-22-1951; NAME OF CEMETERY OR CREMATORY: Family Cemetery; LOCATION (City, town, or county) (State): Toddville, Maryland

DATE REC'D BY LOCAL REG.: Oct. 23, 1951; REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: LeCompte Funeral Service, ADDRESS: Cambridge, Maryland

RECEIVED
OCT 24 1951
BUREAU V. S.

09842

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Golden Hill, Md.~~ Cambridge
LENGTH OF STAY (in this place): 38 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 47 Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge, Md.
STREET ADDRESS (If rural, give location): 47 Washington Street

3. NAME OF DECEASED (Type or Print): Cecie (First) Sarah (Middle) Waters (Last)

4. DATE OF DEATH: Oct. (Month) 3 (Day) 1951 (Year)

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 7, 1911
9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (State or foreign country): Golden Hill Md.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: John Waters
14. MOTHER'S MAIDEN NAME: Bertha Ennells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Lillie M. Stanley 8 Philips St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute left ventricular failure

434.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

95 c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1951, to 10-3, 1951, that I last saw the deceased alive on 10-2, 1951, and that death occurred at 12:19 A.m., from the causes and on the date stated above.

SIGNATURE: S E Brady — (Degree or title): MD — ADDRESS: 232 Cedar St — DATE SIGNED: 10-4-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-7-51 — NAME OF CEMETERY OR CREMATORY: Neckings Neck Cemetery — LOCATION (City, town, or county): Golden Hill (State): Md.

DATE REC'D BY LOCAL REG.: Oct. 11, 1951 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: Lewis H. Boyneum — ADDRESS: 201 Vaeh St. Camb. Md.

770499

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 15 1951
BUREAU V. S.